

<b>Case Number:</b>	CM14-0123307		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	06/19/2008
<b>Decision Date:</b>	11/28/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 60 year old male with an injury date of 6/19/08. Based on the 6/13/14 progress report by [REDACTED], this patient complains of "6/10 right knee pain, 5/10 left knee pain, 6/10 low back pain with right greater than the left lower extremity symptoms." This patient also states: "Medication decreases pain and results in improved function and greater level of activity" and reports "improved range of motion with medication" with "ADL's maintained with medication on board." Exam reveals "tenderness right knee" with range of motion from "0 degrees to 90 degrees today." Also, lumbar range of motion is "limited with pain," with "tenderness." Exam also shows "positive straight leg raise right for pain to foot at 35 degrees and left for pain to distal calf at 45 degrees," but neurologically unchanged. Diagnoses for this patient are status post left total knee arthroplasty, end-stage osteoarthritis, right knee and low back pain with right greater than the left lower extremity symptoms. A 6/13/14 progress reports pain, 6/10 right knee, 5/10 left knee, and 6/10 low back. Meds: Hydrocodone 10/325mg #120, one po bid-tid; Naproxen 550mg #90, one po TID; Pantoprazole 20mg #90, one po tid; Orphenadrine 100mg #60, one po bid prn spasm. A 5/23/14 progress reports pain: 6/10 right knee, 5/10 left knee, and 5/10 low back. Meds: Hydrocodone 10/325 #60, one po bid-tid; Naproxen 550mg #90, one po tid; Pantoprazole 20mg #90, one po tid; Orphenadrine 100mg #60, one po bid prn spasm. A 4/25/14 progress reports pain, 5/10 right knee, 6/10 left knee, and 5/10 low back. Meds: Hydrocodone 7.5/650mg #60, one po bid-tid; Naproxen 550mg #90, one po tid; Pantoprazole 20mg #90, one po tid; Orphenadrine 100mg ER #60, one po bid prn spasm. A 3/28/14 progress reports pain, 6/10 right knee, 7/10 left knee, and 6/10 low back. Meds: Hydrocodone 7.5mg/650mg #60, one PO bid-tid; Naproxen 550mg #90, one PO tid; Pantoprazole 20mg #90, one PO tid; Cyclobenzaprine 7.5mg #90, one PO tid prn spasm. Work status as of 6/13/14:

Temporarily partially disabled with restrictions. The utilization review being challenged is dated 7/25/14. The request is for Hydrocodone 10/325mg #60, Naproxen 550mg #90, Pantoprazole 20mg #90, and Orphenadrine 100mg #60. However, "weaning recommended so a 1 month supply is approved" for the Hydrocodone and Orphenadrine. The requesting provider is [REDACTED] and he has provided various reports from 3/28/14 to 6/13/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **Hydrocodone 10/325mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89, 76-78.

**Decision rationale:** This patient presents with bilateral knee pain and low back pain since the injury date of 6/19/08. MTUS guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the four As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of reports indicate this patient was prescribed Hydrocodone one po bid-tid for "breakthrough" or "rescue" pain, to "facilitate improvement in tolerance to exercise and activity and to maintain ADL's during severe pain and flare ups." Narcotic analgesic monitoring was discussed with this patient and patient was noted as compliant with "Four A's/Domains" per the 6/13/14 progress report. However, no specifics provided including before and after pain scales, specific ADL's to show improvement, side effects and aberrant behavior monitoring including urine toxicology, CURES and compliance issues. While MTUS does support "breakthrough or rescue" medication for chronic pain, documentation of pain and function including the four A's are required. Recommendation is for denial.

#### **Naproxen 550mg #90: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Anti-inflammatory medications Page(s): 60, 61, 22.

**Decision rationale:** This patient presents with bilateral knee pain and low back pain since the injury date of 6/19/08 The treater requests Naproxen 550mg #90. Regarding NSAIDS, MTUS recommends usage for osteoarthritis at lowest dose for shortest period, acute exacerbations of

chronic back pain as second line to acetaminophen, and chronic low back pain for short term symptomatic relief. Furthermore, MTUS requires recording of pain and function when medications are used for chronic pain. This patient was prescribed Naproxen one po tid, which "decreases pain average of three points." According to the 6/13/14 progress report, this patient has "no cardiac history, ulcer, hemoptysis, hematochezia" and labs reveal "no anemia and liver and kidney values normal limits." Review of the pain levels for this patient from deviated by 1 point, if any, from each successive visit, with no documentation of marked pain relief, or for short-term symptomatic relief at the lowest doses possible. As such, the ongoing use of Naproxen cannot be considered as medically necessary. The recommendation is for denial.

**Pantoprazole 20mg #90: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** This patient presents with ongoing bilateral knee pain and low back pain since the injury date of 6/19/08. The treater requests Pantoprazole 20mg #90. MTUS guidelines recommend the use of proton pump inhibitors such as pantoprazole sodium for patients at risk for gastrointestinal events with concurrent use of NSAIDs. This patient was prescribed Pantoprazole one po tid as this patient "is at 'intermediate risk' for development of adverse GI events with NSAID per history" per the 6/13/14 report. The treater does not explain why the patient is at "intermediate risk," however. While use of Pantoprazole may be indicated in conjunction, with the use of Naproxen, there is no documentation of GI problems either such as gastritis, or GERD for this patient. The request for Pantoprazole 20mg, one table by mouth, three times a day is neither medically necessary nor appropriate. Recommendation is for denial.

**Orphenadrine 100mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 64.

**Decision rationale:** This patient presents with ongoing bilateral knee pain and low back pain since the injury date of 6/19/08. The treater requests Orphenadrine 100mg #60. Regarding muscle relaxants for pain, MTUS recommends with caution, as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. This patient was prescribed Orphenadrine one po bid prn spasm. Given the ongoing use of Orphenadrine with the lack of discussion to wean-to-discontinue its use, a one month supply to taper down

frequency seems reasonable. However, the request for Orphenadrine 100mg #60 for short-term treatment of acute exacerbations is neither medically necessary or appropriate. Recommendation is for denial.